EXHIBIT 32

INSTRUCTIONS FOR FILING THE BABCOCK & WILCOX ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM

- The Debtors in this case are The Babcock & Wilcox Company, Diamond Power International, Inc., Babcock & Wilcox Construction Company, and American, Inc. (referred to in this document, whether singularly or collectively, as "Babcock & Wilcox").
- If you have a current claim against Babcock & Wilcox for asbestos-related personal injury, THIS ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE <u>RECEIVED</u> ON OR BEFORE JULY 30, 2001, or your rights may be affected and you may be barred from asserting or receiving payment for your claim.
- If you have a current claim against Babcock & Wilcox for asbestos-related damages that does <u>not</u> involve physical injury to yourself (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself) THE ACCOMPANYING RELATED-PARTY CLAIM FORM MUST BE <u>RECEIVED</u> ON OR BEFORE JULY 30, 2001, or your rights may be affected and you may be barred from asserting or receiving payment for your claim.

WHO SHOULD USE THIS ASBESTOS PERSONAL INJURY FORM

- This Asbestos Personal Injury Claim Form (referred to in this document as the "Claim Form") applies only to <u>current</u> claims made against Babcock & Wilcox by or on behalf of a person with an asbestos-related physical injury, death, or condition (such person is referred to in this document as an "injured party").
 - -- <u>Current claimants</u> have, or assert that they have an asbestos-related injury as of the Bar Date and have a right to payment (or a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment) from the Debtors on account of such asbestos exposure <u>as</u> of July 30, 2001.
 - Future claimants are those individuals or entities who as of the Bar Date do not meet the criteria listed above, are not subject to the Bar Date and need not submit this Claim Form.
- This form should not be used by persons who have Settled Asbestos Claims as defined herein. Persons holding such Settled Asbestos Claims against the Debtors are subject to an earlier Settled Asbestos Claims Bar Date of March 29, 2001 which has been approved by the United States Bankruptcy Court for the Eastern District of Louisiana (the "Bankruptcy Court"). Settled Asbestos Claims are defined as claims arising out of asbestos exposure -- including but not limited to asbestos-containing products, boiler systems, equipment, components, parts, improvements to real property or materials manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors -- and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors for which the Claimant and one or more of the Debtors entered into an enforceable settlement agreement, for a liquidated amount, as of the commencement of these chapter 11 cases, but as for which the Claimant has yet to receive payment. The Bankruptcy Court has approved a special proof of claim form for Settled Asbestos Claims. Persons holding Settled Asbestos Claims who wish to file a proof of claim should consult their attorney, or may obtain a copy of the proof of claim form for Settled Asbestos Claims by contacting the Debtors at 877-657-9158.

- If a spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her <u>own</u> asbestos-related physical injury (including injury resulting from asbestos that another person was exposed to on his or her job), then each spouse or child is an "injured party" who <u>must</u> fill out this Claim Form in order to preserve his or her rights.
- If a spouse or child of the injured party believes he or she has a separate claim against Babcock & Wilcox, which is <u>not</u> based on the spouse's or child's own asbestos-related physical injury or condition (for example, claims for loss of consortium resulting from another person's asbestos-related injury), then each spouse and/or child or their legal representative <u>must</u> complete the accompanying Related-Party Claim Form in order to preserve his or her rights.

GENERAL INSTRUCTIONS

- The injured party must submit a fully completed Claim Form or the injured party's claim against Babcock & Wilcox may be barred. Specifically, submitting a fully completed Claim Form requires that the injured party attach copies of any and all diagnostic reports supporting all claimed asbestos-related medical conditions referred to on the Claim Form, such as copies of x-ray reports, ILO ratings, and lung function test results. (Please do not send actual x-ray films.)
- If the injured party has more information than fits in the space provided on any part of this Claim Form, please make additional copies of the applicable pages before writing on them.
- Please <u>print clearly</u> and use <u>black</u> or <u>blue ink</u>.
- Be <u>accurate</u> and <u>truthful</u>. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceedings regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
- Make a copy of your Claim Form and keep a copy for your records. <u>Send</u> only the <u>original</u> Claim Form <u>to</u> the <u>Claims Agent</u> at the following addresses: If delivered by U.S. mail, address to Claims Agent, Re: Babcock & Wilcox, P.O. Box 9495, Minneapolis MN 55440-9495. If delivered by any method other than U.S. Mail, address to Claims Agent, Re: Babcock & Wilcox, 9555 James Ave S, Bloomington MN 55431.
- Upon receipt and processing of your Claim Form, including any Related-Party Proof of Claim Form, the Claims Agent will send you confirmation indicating that your claim was received. Keep this confirmation for your records -- It is your only proof that your claim was received. You should receive confirmation of receipt of your Claim Form within three to five weeks.
- Any person holding an Asbestos Personal Injury Claim that does not file a completed Babcock & Wilcox Asbestos Personal Injury Proof of Claim Form on or before the Bar Date shall be forever barred to the extent of applicable law from (a) participating in the Debtors' estates; (b) voting with respect to any plan of reorganization filed in these cases; and (c) receiving any distribution from the Debtors to any entity created pursuant to or in connection with any confirmed plan of reorganization in these cases. Further, such parties (a) to the extent of applicable law shall be bound by the terms of any confirmed plan of reorganization (including, without limitation, any provisions therein that provide the Debtors, any successor or any party under a confirmed plan with a release or discharge pursuant to 11 U.S.C. §§ 524(g) and 1141), and (b) shall not receive any further notice of the cases or the matters considered in connection therewith.

INSTRUCTIONS FOR FILLING OUT THE CLAIM FORM

PART 1: IDENTIFYING INFORMATION

- A person with any alleged asbestos-related physical injury, death, or condition is referred to as the "injured party."
- If the injured party is deceased or incapacitated, other persons or entities may submit a claim on behalf of the injured party or his or her estate.
- If someone is submitting a claim on behalf of the injured party or the injured party's estate, provide the submitting person's name and address in Part 1(B) and/or Part 1(C), as requested.
- Unless otherwise noted, all other questions on the Claim Form request information relating to the injured party, regardless of who is actually submitting the claim.
- If the injured party or claimant is represented by an attorney, provide the requested information in Part 1(C). You do not need an attorney to submit a claim.

PART 2: MEDICAL INFORMATION

- Complete <u>all</u> applicable sections.
- Failure to complete any section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section.
- Definitions: The following definitions apply to the Claim Form and are provided for your assistance in preparing sections regarding medical history.
 - -- Asbestosis: bilateral, diffuse fibrosis of the lungs caused by the inhalation of asbestos fibers.
 - -- Colorectal cancer: cancer of the colon or rectum.
 - -- Esophageal cancer: cancer of the esophagus.
 - FEV_{1:} a measurement of lung function that describes the volume of air one can force from one's lungs in one second of effort (forced ("F") expiratory ("E") volume ("V") one second ("1")).
 - Forced Vital Capacity: a measurement of lung function that describes the total amount of air one can forcibly exhale after inhaling as much air as possible.
 - ILO rating: "ILO rating" describes the scale developed by the International Labor Organization (sometimes also referred to as the International Labor Office) to describe the extent of fibrosis that appears on a chest x-ray. The scale has 12 points that are expressed with a 0, 1, 2, or 3 appearing to the left of a "/" and a 0, 1, 2, or 3 appearing to the right of the same "/", hence "0/0, 0/1, 1/0, 1/1" and so on.
 - -- Laryngeal cancer: cancer of the larynx (also known as the voice box).
 - Lung Cancer: cancer of the lung also known as bronchogenic carcinoma.

- -- Mesothelioma: cancer of the thin membrane surrounding the lung (known as the pleura) or the thin membrane surrounding the internal organs (known as the peritoneum).
- -- Pharyngeal cancer: cancer of the pharynx (throat).
- -- Pleural condition: any medical condition appearing in the lining of the lung or chest wall.
- -- Pleural plaques: a circumscribed or localized area of fibrosis appearing in the lining of the chest wall or diaphragm.
- -- Pleural thickening: a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
- -- Stomach cancer: cancer of the stomach.

PART 3: EXPOSURE HISTORY

- Provide information for <u>all</u> applicable sections.
- If the injured party has been exposed to asbestos through his or her job (including Navy and other military service) or through non-employment or non-occupational events, you must fill out Part 3, "Exposure History."
- If the injury party has been exposed to asbestos from Babcock & Wilcox equipment at more than three facilities, please make a copy of page 3 and attach additional pages as necessary.
- Where requested, please use the "Industry Codes" and "Occupation Codes" provided below that most closely match the injured party's employment or exposure history:

INDUSTRY CODES

- A. Abatement/removal
- B. Aerospace/aviation
- C. Asbestos mining
- D. Asbestos product manufacture or milling (from raw asbestos fibers)
- E. Automotive
- F. Boiler manufacture/fabrication
- G. Boiler installation/erection
- H. Boiler repair/maintenance
- I. Chemical/petrochemical/refinery
- J. Contract industrial maintenance
- K. Demolition
- L. Glass/glazing
- M. Heating equipment manufacturing

- N. Industrial furnace/oven manufacturing
- O. Iron/steel
- P. Manufacturing (non-asbestos)
- Q. Maritime/Ship Navy
- R. Maritime/Ship merchant marine
- S. New construction (land-based)
- T. Paper/pulp
- U. Railroad
- V. Roofing
- W. Sheet metal
- X. Shipyard construction/repair
- Y. Textile
- Z. Utility/power plant
- AA. Other

OCCUPATION CODES

- 1. Asbestos removal/abatement
- 2. Asbestos demolition
- 3. Asbestos miner
- 4. Asbestos manufacturing plant worker
- 5. Bagger/mixer
- 6. Boiler mfr./fabricator
- 7. Boiler inspector
- 8. Boiler engineer
- 9. Boiler erector/installer
- 10. Boiler cleaner
- 11. Boiler repair
- 12. Brake mfr/installer/repair
- 13. Brakeman/carman/conductor/fireman
- 14. Brick mason/layer/hod carrier
- 15. Burner operator
- 16. Carpenter/woodworker/cabinet-maker
- 17. Chipper
- 18. Clerical/Office Worker
- 19. Custodial/janitor in industrial facilities
- 20. Custodian/janitor in public/commercial/res. bldgs.
- 21. Electrician
- 22. Encapsulation
- 23. Furnace worker/repair/installer
- 24. Heavy equipment operator (incl. forklift/truck/crane)
- 25. Hodcarrier
- 26. Insulation -- installation
- 27. Insulation -- repair/removal/rip-out
- 28. Iron worker
- 29. Joiner
- 30. Laborer
- 31. Longshoreman

- 32. Machinist
- 33. Mechanic
- 34. Millwright
- 35. Miner (non-asbestos)
- 36. Plant worker (non-asbestos)
- 37. Painter
- 38. Pipe coverer/installer
- 39. Pipefitter/steamfitter
- 40. Plasterer/sheetrock/drywaller
- 41. Professional (incl. Accountant, architect, physician)
- 42. Refinery worker
- 43. Removal/repair boiler insulation (dry)
- 44. Removal/repair boiler insulation (wet)
- 45. Removal/repair pipe insulation (dry)
- 46. Removal/repair pipe insulation (wet)
- 47. Remove/install gaskets
- 48. Renovation/remodeling
- 49. Repair plumbing
- 50. Rigger
- 51. Routine maintenance (public/commercial/res. bldgs).
- 52. Routine maintenance (industrial facilities)
- 53. Sandblaster
- 54. Seaman
- 55. Sheet metal worker
- 56. Shipfitter
- 57. Shipwright
- 58. Steelworker
- 59. Utility worker
- 60. Warehouse Worker
- 61. Welder
- 62. Non-employment/non-occupational exposure
- 63. Other

PART 4: SIGNATURE OF CLAIMANT OR AUTHORIZED AGENT

- The injured party, the injured party's attorney, or, if the injured party is deceased or incapacitated, the injured party's personal representative must personally sign this Claim Form.
- Inaccurate or untruthful answers may result in the injured party's claim against Babcock & Wilcox being barred.

INSTRUCTIONS FOR FILLING OUT THE RELATED-PARTY CLAIM FORM

- The Related-Party Claim Form <u>must</u> be:
 - -- Used <u>only</u> by one person. You may photocopy this Form (before writing on it) if additional Related-Party Claim Forms are needed.
 - Used <u>only</u> if the spouse or child of an injured party (an injured party is the party who claims asbestos-related physical illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is <u>not</u> based on the spouse's or child's own asbestos-related physical injury or condition (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself).
- Do <u>not</u> use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her <u>own</u> physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party", and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Proof of Claim Form.
- The Related Party, the Related Party's attorney, or, if the Related Party is deceased or incapacitated, the Related Party's representative must personally sign this Related-Party Claim Form.

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Page 1

DUE JULY 30. 2001

For Court Lice Only

BABCOCK & WILCOX ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM

The United States Bankruptcy Court and United States District Court, Eastern District of Louisiana In re: The Babcock & Wilcox Company, Debtor, Case No. 00-10992 Sec. "B"

(Jointly Administered With: In re Diamond Power International, Inc., Case No. 00-10993 Sec. "B"; In re Babcock & Wilcox Construction Company, Case No. 00-10994 Sec. "B"; and In re. American, Inc., Case No. 00-10995 Sec. "B")

Carefully read the Instructions included with this PROOF OF CLAIM before completing. In order to be paid or to have your claim estimated for voting purposes, complete ALL applicable questions and attach ALL required documents and supporting information to the PROOF OF CLAIM. If delivered by U.S. mail, address to CLAIMS AGENT, RE: BABCOCK & WILCOX, P.O. BOX 9495, MINNEAPOLIS, MN 55440-9495. If delivered by any method other than U.S. mail, address to CLAIMS AGENT, RE: BABCOCK & WILCOX, 9555 JAMES AVE S, BLOOMINGTON, MN 55431.

> IN ORDER TO BE VALID, THE PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR THE CLAIMANT'S AUTHORIZED AGENT OR THE CLAIMANT'S ATTORNEY.

> > Please print clearly and use blue or black ink.

PART 1: IDENTIFYING INFORMATION (see instructions)

A. Do you claim the injured party's asbest	o you claim the injured party's asbestos exposure is attributable to any of the following entities:												
The Babcock & Wilcox Company?													
Babcock & Wilcox Construction Co.?	Yes	No	Diamond Power International, Inc.?	Yes No									
B. Injured Party	ikika ana anaka anaka masa ing menggapang penggapang menggapang menggapang menggapang menggapang menggapang men	agos (OM) esta variation hite distribution d											
First Name	N	II Last Nar	ne	Jr/Sr/III									
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	and the state of t	and the supple		entra									
If injured party is deceased (or incapacit	ated), name of trus	t, estate, perso	nal representative or other party submit	ting claim (not filing attorney									
listed in 1.C below).			g manifestangga at an analysis manifestan a gramman again a manifestangan at a sangan an analysis a manifestan										
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Street Address (of injured party, if living:	if not, provide the c	address of the	trust, estate, personal representative or	other party submitting claim).									
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Country (if other than U.S.A.)	e tame i materia a temperaturi i materiale se		Social Security Number	er of Injured Party									
Injured Party's Birth Date:	1		Injured Party's Gender	: Male Female									
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C. Injured Party's Attorney (If any):		ia eest kalkaasta rahaalaan kalkaasta eesta kalkaasta eesta kalkaasta kalkaasta kalkaasta kalkaasta kalkaasta Yoo oo	n an ann ann ann an an an an an an an an										
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PART 2: MEDICAL INFORMATION (see instructions)

A. Non-Malignant Pleural Condition(s) Has the injured party been diagnosed with any pleural condition that you clair If "Yes", please continue below. If "No", go on to Section B.	n was caused by exposure to as	sbestos? Yes No
What pleural condition? Pleural Plaques Pleural Thickening Other Pleural Injury, specify:		
3. Year of First Diagnosis:	nacho de para para para para para para para par	
B. Asbestosis	y dippose de la Major Portugue en Agrico por consensante en la compansa de la compansa de la compansa de la com	
1. Has the injured party been diagnosed with asbestosis?	No If "Yes", Year of First	Diagnosis:
C. Cancer (Including malignant mesothelioma) 1. Has the injured party been diagnosed with any cancer that you claim was cause If "Yes", please continue below. If "No", go on to Section D. 2. Which of the following cancers is claimed to have been caused by asbestos expenses.		Yes No
Year of First Diagnosis		
LUNG CANCER		
MESOTHELIOMA		
ESOPHAGEAL		
LARYNGEAL		
PHARYNGEAL		
COLORECTAL		
STOMACH		Year of First Diagnosis
OTHER (Please describe)		
D. Diagnostic Information 1. Provide the injured party's most Date	Score	% of Predicted
recent lung function test scores. Forced Vital Capacity (FVC):	L	%
Month Year		The second secon
FEV ₁ : Month Year	. L	%
Lung Function tests are unavailable	,	Results: /
2. ILO Rating: If you answered "Yes" to Part 2. A1 (Pleural Condition) or Part 2 (Asbestosis), provide the injured party's most recent ILO x-ray reading. (Fa to provide ILO results will be interpreted to mean that the injured party has received an ILO rating.)	ilure worth rea	IXCOLILIO.

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PART 3: EXPOSURE HISTORY (see instructions)

A. Was the injured party exposed to asbest	os from any Babcock & Wilcox e	quipment?	Yes	N	0	
If "Yes," please indicate: 1. The injured p	party's total number of years of ash	estos exposure:				
2. The year of t	the injured party's first exposure to	asbestos:				
3. The year of the sear of the	the injured party's last exposure to	asbestos:				
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B. Please identify each facility at which the	e injured party was exposed to a	sbestos from Bal	ocock & Wilcon	equipment:	and the second s	
1. Where did the injured party work?						
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City		State/Prov.	Country/Cour	itry of Port		
Industry: (use code from	om page 4 of Instructions) If Othe	er (Code AA), spe	ecify: ⇒			
Occupation: (use code from	om page 5 of Instructions) If Othe	er (Code 63), spec	rify: ⇒	a a de la capación de		
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Occupation: (use code fr	om page 5 of Instructions) If Othe	er (Code 63), spec	cify: ➪			
3. Where did the injured party work n	ext (if applicable)?					
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or Marine	Name of Facility or Ship	an a na an Anna an ann an Anna an Anna ann a		and the second		an tanàna dia mandra d
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Industry: (use code fr	om page 4 of Instructions) If Other	er (Code AA), sp	ecify: ⇒		an e de la compansión d	
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Part 4: SI	GNATURE OF CLAIMA	NT OR AU	THORIZED	AGENT	·	erica com Arcelas ind manos incomes man take
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Signature of Claimant, Claimant's Atto or Authorized Agent	rney. Please Print the Nat	ne of the Signato	ry Mo	nth Day	Year	
Penalty for presenting a fraudulent	claim: Fine of up to \$500,000 or i	mprisonment for	up to five year	s or both, (18	U.S.C. §152	& 357I)

DUE JULY 30, 2001

RELATED-PARTY CLAIM (FOR CLAIMS NOT INVOLVING PHYSICAL INJURY TO THE CLAIMANT)

THIS RELATED-PARTY CLAIM FORM MUST BE:

Used only by one person. You may photocopy this form (before writing on it) if additional Related-Party Claim Forms are needed.

Used only if the spouse or child of an injured party (an injured party is the party who claims asbestos-related physical illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, a wife may make a loss of consortium claim relating to her husband's asbestos-related physical injury, although she was not physically injured herself).

III. Returned in the same envelope as the Asbestos Personal Injury Proof of Claim Form.

Please print clearly and use black or blue ink.

Do not use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party," and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Form provided at pages 1 - 3.

A.,	The B	Babcock	& Wi	lcox (Compa	any?		s expo	sure is Yes	s attrib	utable No		ricon, In	ic.?				···········	·•••	January Company	Yes			No
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